

Psychological Distress among California Vietnamese Immigrants: Correlates and Implications for Outreach

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Background

- ❖ Vietnamese constitute 11% of all Asians Americans and are the 4th largest Asian group in the US (US Census, 2010).
- ❖ 64% of the Vietnamese Americans were born outside the US and 51% came to the U.S. after 1990; most (88%) speak Vietnamese at home.
- ❖ Recent surveys of convenience samples of Vietnamese Americans suggest depression prevalence ranging from 12% to 30% (Tran 2007; Dinh 2009; Leung 2010).
- ❖ Compared to US-born Asians and the general US population, Asian immigrants report lower utilization of mental health services despite similar prevalence of psychological distress (Grant 2010).

Objectives

- This study aims to:
- ❖ Document the prevalence of psychological distress among Vietnamese Immigrants in California
 - ❖ Examine factors associated with psychological distress among Vietnamese immigrants
 - ❖ Identify new implications for outreach strategies that aim to promote knowledge and appropriate utilization of mental health services

Methods

- ❖ **Procedures:** Data were obtained by telephone from 2,136 Vietnamese Americans who were 18 or older and were born outside the US and responded to a 2008 population-based, random telephone survey, the California Vietnamese Adult Tobacco Use Survey (CVATUS).
- ❖ **Outcome Variable:** Psychological distress levels were assessed by the number of symptoms experienced frequently in the past week: 1) feeling slowed down; 2) sleep difficulties; 3) excessive worrying; and 4) sadness

3 Psychological Distress Levels	Minimal	Elevated	Significant
# symptoms (out of 4) frequently experienced	0-1	2	3-4

- ❖ **Independent Variables:** Socio-demographics, alcohol and tobacco use, health status, & health care access
- ❖ **Data Analyses:** Weighted multinomial logistic regression analyses were conducted for females and males separately to examine factors associated with psychological distress levels for each gender
- ❖ **Participants** (Table 1)

	Females (n=1,060)	Males (n=1,076)
Age, Mean (SE)	42.0(0.70)	42.2(0.70)
Education: ≥ Some college	47.7%	63.3%
Marital status		
Married, living with partner	68.7%	66.1%
Divorced/ separated	8.2%	3.6%
Never married	23.1%	30.3%
Employed	48.9%	63.2%
Below poverty level	19.8%	16.2%
Years in US: > 16	37.3%	48.6%
Limited spoken English proficiency	69.2%	62.8%
Religion		
Buddhist	56.9%	48.1%
Christian	32.8%	30.3%
Other/ None	10.3%	21.6%
Perceived general health as poor or fair	42.7%	35.1%
Had health insurance	82.3%	83.4%
Had medical check-up past year	81.7%	71.2%
Alcohol use: None in the past month	88.4%	53.9%
Current smoker	0.7%	26.5%
Had military/police service or re-education camp stay in Vietnam	2.9%	18.7%
Had stayed in refugee camp	30.7%	42.4%

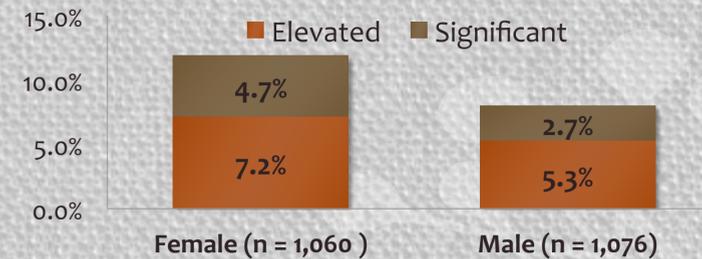
Note: Significant gender difference ($p < 0.05$) was observed in most demographic characteristics except for age and health insurance status.

Results

- ❖ **Psychological distress prevalence**
 - ◆ 1 in 10 (95% CI: 8.5 – 11.5%) Vietnamese immigrants in California reported experiencing elevated or significant levels of psychological distress in the past week

- ◆ More women (11.9%; 95% CI: 9.7 – 14.2%) than men (8.0%; 95% CI: 6.0 – 10.1%) reported psychological distress, $p = 0.03$ (Figure 1)

Figure 1. Psychological distress levels by gender



- ❖ **Weighted multinomial logistic regression models for psychological distress levels among Vietnamese Females and Males**

	Elevated Distress Odds ratio (95% CI)	Significant Distress Odds ratio (95% CI)
Marital Status (Referent: Married)		
Single	3.01 (1.22 – 7.42)	1.49 (0.54 – 4.12)
Widowed/ Divorced/ Separated	2.27 (1.14 – 4.51)	3.19 (1.44 – 7.06)
Employed (Referent: Yes)		
No (Not Employed)	0.76 (0.43 – 1.35)	3.03 (1.39 – 6.60)
Religion (Referent: None/Others)		
Buddhist	4.54 (1.61 – 12.79)	2.86 (0.80 – 1.26)
Christian	3.45 (1.16 – 1.09)	3.43 (0.96 – 12.32)
English Proficiency (Referent: Limited)		
Well/ Excellent	0.75 (0.32 – 1.75)	3.46 (1.04 – 11.49)
General Health (Ref: Good to Excellent)		
Fair/ Poor	3.07 (1.40 – 6.71)	4.85 (1.92 – 12.29)
Smoking Status (Ref: Never/ Former)		
Current smoker	5.56 (1.22 – 25.38)	4.96 (0.65 – 37.57)

	Elevated Distress Odds ratio (95% CI)	Significant Distress Odds ratio (95% CI)
Education (Referent: College +)		
< College	1.57 (0.63 – 3.90)	10.33 (1.74 – 61.22)
Employed (Referent: Yes)		
No (Not Employed)	2.34 (1.09 – 5.00)	1.59 (0.38 – 6.72)
English Proficiency (Referent: Limited)		
Well/ Excellent	1.39 (0.43 – 4.42)	2.76 (1.03 – 7.41)
Health Insurance (Referent: Yes)		
No/ Unknown	2.78 (1.04 – 7.40)	0.58 (0.16 – 2.13)
General Health (Ref: Good to Excellent)		
Fair/ Poor	2.33 (1.18 – 4.58)	8.95 (2.36 – 33.99)
Military/ Police Service and/or Re-education Camp Stay (Referent: No)		
Either	0.95 (0.38 – 2.36)	1.32 (0.36 – 4.85)
Both	0.81 (0.36 – 1.82)	3.24 (1.02 – 10.36)

Note: For both models, the reference category was Minimal Distress. All covariates listed in Table 1 were included in the models but only the significant ones were shown. ^f and ^m denote gender-specific correlates found significant among females and males, respectively.

- ◆ Shared and gender-specific factors associated with elevated or significant psychological distress (Tables 2 & 3)

- Shared (by Female and Male)**
 - unemployment;
 - poor perceived health;
 - being fluent in English
- Female-specific**
 - being unmarried or single;
 - being Buddhist or Christian;
 - current smoking
- Male-specific**
 - lower education;
 - lacking insurance;
 - having been in both military & re-education camp in Vietnam

Conclusions

- ❖ This is the first large population-based study documenting more Vietnamese immigrant women (12%) and men (8%) reported experiencing psychological distress in the past week.
- ❖ There are shared and gender-specific factors associated with psychological distress. Research is needed to understand the nature of these associations.
- ❖ Correlates identified also imply outreach strategies to promote knowledge and utilization of mental health services among Vietnamese immigrants. Examples:
 - ◆ faith-based settings may be an effective outreach channel for women;
 - ◆ increasing community awareness of the association between previous military/ re-education camp experience and psychological distress may facilitate outreach to men through their family or social network;
 - ◆ addressing general health concerns may promote outreach for both men and women.

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